



Triangle Physical Therapy

519 Keisler Drive, Suite 204, Cary, NC 27518

Tel: (919) 851-1164 Fax: (919) 851-1196

NOTICE OF PATIENT INFORMATION PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED OR DISCLOSED AND HOW YOU CAN GET ACCESS TO INFORMATION. PLEASE REVIEW IT CAREFULLY.

Triangle Physical Therapy's Legal Duty:

Triangle Physical Therapy is required by law to protect the privacy of your personal health information, provide this notice about our information practices and follow the information practices that are described herein.

USES AND DISCLOSURES OF HEALTH INFORMATION

Triangle Physical Therapy uses your personal health information primarily for treatment; obtaining payment for treatment; conducting internal administrative activities and evaluating the quality of care that we provide. For example, Triangle Physical Therapy may use your personal health information to contact you to provide appointment reminders, or information about treatment alternatives or other health related benefits that could be of interest to you.

Triangle Physical Therapy may also use or disclose your personal health information without prior authorization for public health purposes, for auditing purposes, for research studies and for emergencies. We also provide information when required by law.

In any other situation, Triangle Physical Therapy's policy is to obtain your written authorization before disclosing your personal health information. If you provide us with a written authorization to release your information for any reason, you may later revoke that authorization to stop future disclosures at any time.

Triangle Physical Therapy may change its policy at any time. When changes are made, a new Notice of Information Practices will be posted in the waiting room and patient exam areas and will be provided to you on your next visit. You may also request an updated copy of our Notice of Information Practices at any time.

PATIENT'S INDIVIDUAL RIGHTS

You have the right to review or obtain a copy of your personal health information at any time. You have the right to request that we correct any inaccurate or incomplete information in your records. You also have the right to request a list of instances where we have disclosed your personal health information for reasons other than treatment, payment or other related administrative purposes.

You may also request in writing that we not use or disclose your personal health information for treatment, payment and administrative purposes except when specifically authorized by you, when required by law or in emergency circumstances. Triangle Physical Therapy will consider all such requests on a case by case basis, but the practice is not legally required to accept them.

CONCERNS AND COMPLAINTS

If you are concerned that Triangle Physical Therapy may have violated your privacy rights or if you disagree with any decisions we have made regarding access or disclosure of your personal health information, please contact our practice manager at the address listed below. You may also send a written complaint to the US Department of Health and Human Services. For further information on Triangle Physical Therapy's health information practices or if you have a complaint, please contact the Practice Administrator at the above address.



Triangle Physical Therapy

519 Keisler Drive, Suite 204, Cary, NC 27518

Tel: (919) 851-1164 Fax: (919) 851-1196

PATIENT INFORMATION CONSENT FORM

I have read and fully understand Triangle Physical Therapy's Notice of Information Practices as it states on the back of this page. I understand that Triangle Physical Therapy may use or disclose my personal health information for the purposes of carrying out treatment, obtaining payment, evaluating the quality of services provided and any administrative operations related to treatment or payment. I understand that I have the right to restrict how my personal health information is used and disclosed for treatment, payment and administrative operations if I notify the practice. I also understand that Triangle Physical Therapy will consider requests for restriction on a case by case basis, but does not have to agree to requests for restrictions.

I hereby acknowledge to the use and disclosure of my personal health information for purposes as noted in Triangle Physical Therapy's Notice of Information practices. I understand that I retain the right to revoke this acknowledgement by notifying the practice in writing at any time.

Patient Name

Signature and Date

Patient Responsibilities:

1. You and your visitors should consider the needs and desires of other patients by following all clinic rules and regulations, especially those concerning safety, smoking, noise, and general conduct of respect.
2. Be on time for your physical therapy appointments. Please inform your provider if you know that you are going to be late or may miss your therapy sessions. No show no call may result in immediate discharge from the therapy program.
3. You must accept the financial obligations from receiving care or due to any changes in your insurance. Your Co-Payment or deductible is due at the time of visit. If this is difficult, ask about a payment plan.
4. Tell your provider if you do not understand your medical condition, or not happy with your treatment plan or care.
5. You are responsible to provide a complete and accurate information about your health history and present condition, present use of medication, changes in condition and care received by other providers.
6. You must accept responsibility to comply with the plan of care, including the safety precautions, as instructed by your physical therapist.

You understand and accept the consequences if you do not follow your Physician's or Physical Therapist's plan of care.

Patient Signature and Date